.—Every item of information should be carefully supplied. AGE should be stated EXACTLY, PHYSICIANS should state GAUSE OF DEATH in plain terms, so that it may be proporly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

8. No. 1.

>

N.B.

County Leux 21785	STATE OF MARYLAND CERTIFICATE OF DEATH
VIIIage or City Mileloto (No. 17) 2 FULL NAME Phillip. D	Registration Dist. No. 204 St.; Ward) [If death occurred in a hespital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX. 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDOWED OR DIVORCED Wilde the world. (Write the world)	(Month) (Day) (Year) HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH (Month) (Day) (Year) 7 AGE If LESS than	that I last saw h allve on Illustry, 191 , and that death occurred on the date stated above, at 22 m.
yrs. Mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
(a) Trade, prefession, er particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	(Buratlea) yra moa da. Contributory Alkard Adda yra maa 2 da.
10 NAME OF FATHER Collegee dukerdong 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME	*State the Diskase Causing Drath, or, in deaths from Violent Causing State (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country) (State or country)	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) All place is death ye
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE (Informant)	If not at place of doeth ?
FREEDER. 6, 1913, J. M. Switch REGISTRAR	PLACE OF BURIAL OR REMOVAL DAYE OF BURIAL OL. 6, 191 S O BINDERTAKER S

[Approved by U. S. Census and American Public Health Association.]

only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

"Tumor" for malignant neoplasms); Measles; Whooping cough; Chronic valvular heart disease; Chronic interstitial "PUBRPERAL perionitis," etc. State cause for which surgical operation was undertaken. For violent deaths ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite, avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine schnitcly. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Anaemia" (merely symptomatic), "Atrophy; lapse," "Coma," "Convulsions," "Debility" "Anaemia" chopneumonia (secondary), 10 ds. Never reportemere symptoms or terminal conditions, such as "Asthenia," Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. Struck "Heart failure," "Haemorrhage," "Inanition," "Marasor miscarriage by railway train-accident; Revolver wound Always qualify all diseases resulting from child-or miscarriage as "Purreperal septichaemia," The nature of the injury, as fracture of skull, The contributory (secondary or intercur-"Uraemia," "Weakness," "Atrophy," important. ("Con-



[Approved by U. S. Census and American Public Health Association.]

-Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. engaged in domestic service for wages, as Servant, Cook. taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary freman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planler, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, If the occupation has been changed If retired from (b) Auto-

Statement of Cause of Death—Name, first, the Disease Causing Death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-unqualified, is indefinite); Tuberculosis of lungs, menin-

under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state means of injury and qualify as accinental, surgical operation was undertaken. For violent neaths genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee to determine definitely. Examples: Accidental drowning, "PUERPERAL peritonitis," etc. birth or miscarriage as "PUERPERAL septichaemia, cause. ctc., when a definite discase can be ascertained as the "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless important. nephritis, etc. Always qualify all diseases resulting from childby railway The contributory (secondary or intercurtrain-accident; Revolver State cause for which Never report mere wound



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S. No. 1. >

P or a second	County Leaf 21787	STATE OF MARYLAND CERTIFICATE OF DEATH
	Village or City Chestertour (No. Make	Registration Dist. No. [If deeth occurred in a hespital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	Hemiale Wilk, Write the word	16 DATE OF DEATH (Month) (Day) (Year)
	GOATE OF BIRTH Sug 8 , 1846 (Month) (Day) (Yoar)	that I last saw h M alive on A FC 4 1914,
	7 AGE 6 9 yrs. 4 mes. 6 ds. 1 LESS than 1 day, hrs. OR min.?	and that death occurred on the date stated above, at
	e occupation (a) Trade, profession, or particular kind of work	17) Hand-
5	(b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Marullaud	Contributory A Orto Sclerato
	10 NAME OF FATHER MANY 3. Slaughter 11 BIRTHPLACE OF FATHER (State or country) 12 MAIOEN NAME	(Signed) (Signed) (Signed) (Signed) (Signed) (Signed) (Address) (Address) (But State the Disease Causino Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicipal of Homicipal.
	OF MOTHER Margaret A Clevelaty 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST/OF MYKNOWLEDGE	16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the et deeth ye. wee. de. State, ye. wee. de. Where wee disease contracted, If not at place of deeth?
	(Address) Ones ferfour My.	Former or seed residence 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
3	FREE LOS REGISTRAR If more blanks are needed, address State Registrar, 1	ONDESTAKER & STANDARD ANDRESS & CHAS. & Rolls Remarking V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification as Day laborer, Farm laborer, Laborer only when needed. As examples: (a) Spinner, (b) Cotton applies to cach and every person, irrespective of age. write None. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the ness of various pursuits ean be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Locomotive engineer, should be (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

and consequences (e. g., sepsis, tclanus) may be stated under the head of "Contributory." (Recommendations cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; "PUERPERAL peritonitis," etc. State cause for which etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Anacmia" (merely symptomatic), "Atrophy,' lapse," "Coma," "Convulsions," "Debility" chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. The contributory (secondary or intercurges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic Struck by railway train—aecident; Revolver wound state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion," symptoms or terminal conditions, such as "Asthenia," rent) affection need not be stated unless Always qualify all diseases resulting from child-"Puerperal septichaemia," Never report mere "Atrophy," "Colacid-probably important. ("Con-



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County New 21788	STATE OF MARYLAND CERTIFICATE OF DEATH
11 X V	Registration Dist. No. 202
Village or City Chester Town (No. 1)	Ward) [If death occurred in a hespitai or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Acolor or race 5 single, marrieo, widoweo or oivorceo (Write the word)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) , 1916 (Year)	that I last saw h malloo on Dec 31, 1915,
7 AGE ### 11 (ESS than 1 day,brs	and that death occurred on the date stated above, at/// m. The CAUSE OF DEATH * was as follows:
(a) Trade, profession, or particular kind of work	
business, or establishment to which employed (or employer) BIRTHPLACE (State or country) Vent Ro. Mary Land.	Contributory Secondary (Burallen) yrs. mes. ds.
10 NAME OF MM Ale Stayton	(8tgnod) Jet L. Lufers, M. O.
11 BIRTHPLACE OF FATHER (State or country) WH CO Wangland 12 MAIOEN NAME OF MOTHER OF MOTHER OF MOTHER OF MOTHER	*State the DIREASE CAUSING DRATH, or, in deaths from VIOLENT CAUSING, State (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL.
	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) New Leo. Maryland	/ At place te the sf death yre. mee de. Stets, yre. mee. de.
(Informant)	If not at placs of death ?
(Address) Chestertown	CHISTERTOWN CALL 2" 101.L.
FRED AM , 191 Q SOZOL REGISTRAR	29 UNDERTAKER Jodd, Chestertown 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, write Nonc. state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autofirst line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to For many occupations a single word or term on the applies to each and every person, irrespective -Coal mine, ctc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in of age

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, menin-

and consequences (e. g., sepsis, tetonus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning; state means of injury and qualify as accidental, "Puerperal peritonitis," etc. State cause for which surprised on which the state cause for which is the surprised on the surpris "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of..... on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull surgical operation was undertaken. For VIOLENT DEATHS mus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Scnile," ctc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maraslapse," "Coma," symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Broncough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" rent) affection need not be stated unless important nephritis, etc. (merely symptomatic), "Atrophy," oma," "Convulsions," "Debility" The contributory (secondary or intercur-Never report mere "Atrophy," "Col-("Con-



1 PLACE OF DEATH STATE OF MARYLAND 50 LY. PHYSICIAN Exact statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in a hespital or institution. give its NAME instead of street and number. EXACTL ² FULL NAME RECORD classified PERSONAL AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 18 DATE OF DEATH 3 SEX 4 COLOR OR RACE PERMANENT WIDOWED OR DIVORCED (Write the word) 1918 BINDING (Month) (Day) ri y certifionte. 17 CERTIFY. That I attended deceased from 6 DATE OF BIRTH should (Year) ec of 7 AGE If LESS than date stated above, at may and that death occurred on the GE back The CAUSE OF DEATH THIS 4 OCCUPATION 0 tha supplied (a) Trade, profession, or instructions particular kind of work 80 (b) General nature of Industry terms, business, or establishment in UNFADING (Bursiles) carefully which employed (or employer Ш 9 BIRTHPLACE (State or country) Contributory Secondary ain See 10 NAME OF FATHER E WITH Should EATH in Z O E W 11 BIRTHPLACE ENT State or country *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, impo PLAINLY SUICIOAL OF HOMICIOAL. 12 MAIDEN NAME 0 Œ 0 OF MOTHER 16 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS of informati 0 OR RECENT RESIDENTS 13 BIRTHPLACE lel At place S State or country Stale,yrs.mes. CAUyrs.mes. Where was disesse sastracted, Z E TO THE BEST OF should state C if not at place of death?. Former or (tnformant) useal residence (Address ADDR m REGISTRAR Z

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

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1 PLACE OF DEATH STATE OF MARYLAND EXACTLY, PHYSICIANS sified, Exact statement of CERTIFICATE OF DEATH County .. 204 Registration Dist. No. if death accurred in St.:....Ward) a hospital or institution, give its NAME instead of street and number. ² FULL NAME RECORD olassified MEDICAL CERTIFICATE OF DEATH STATISTICAL PARTICULARS SINGLE, MARRIED, 16 DATE OF DEATH 3 SEX 4 COLOR OR RACE 5 stated WIOOWED MASKE OR DIVORCED (Writs the word) PERMANENT 1910 (Month) (Day) (Year) properly prificate. 17 CERTIFY, That I attended deceased from 6 DATE OF BIRTH 191.0 pino Month 191.0 ce (Day) (Year) Sh 4-0 TAGE If LESS than may AGE 1 day, hrs. S THIS OR mia. ? bas OCCUPATION
(a) Trade, profession, or 0 tha pplied Suo particular kind of work Ш 20 (b) General nature of Industry 200 instructi business, er establishment lu E carefully which employed (or empleyer) Ш 9 BIRTHPLACE Contributory Secondary (State or country) C See 10 NAME OF FATHER C (Signad) onld Important I O BIRTHPLACE OF FATHER 日の日 Z *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, (State or country) ш SUICIDAL OF HOMICIDAL. 0 12 MAIDEN NAME Œ 0 OF MOTHER PA LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS of informati OR RECENT RESIDENTS 13 BIRTHPLACE At place In the (State or country) State,yrs. el death yrs. mas. Should state CAI Where was diseass soutracted, 14 THE ABOVE IS if sot at place of death?... Former or usual residence 19 PLACE (Address) 15 20 UND DOR 8 REGISTRAR Z

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Groccry; (a) Foreman, (b) Autoespecially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestie service for wages, as Servant, Cook. taken to report specifically the occupations of persons mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the engineer, Stationary fireman, etc. But in many eases, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Housemaid, etc. If the occupation has been changed For many occupations a single word or term on the -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of oeeupa-For persons who have no occupation whatever, The material worked on may form part If retired from

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemie cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-

ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of on Nomenclature of the American Medical Association.) and consequences (e. g., scpsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: birth or miscarriage as "Puenperal scptichaemia," etc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Never cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations suicide. The nature of the injury, as fracture of skull hcad-homicide; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL peritonities etc. State cause for which eause. Always qualify all diseases resulting from child-Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. Struck by railway train-accident; Revolver "Old Age," "Shoek," "Uraemia," "Weakness, The contributory (secondary or intercur-Poisoned by carbolic acid—probably report mere ACCIDENTAL, unportant. wound of



.—Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING WRITE PLAINLY, WITH UNFADING INK-THIS IS FOR RESERVED MARGIN

V. S. No. 1.

N.B.

ounty Less 21791	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Chestertons (No. Kon	Registration Dist. No. 22 St.; Ward) [If death eccurred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male White Single, Single MARRIEO, WIOOWED OR DIVORCEO (Write the word)	16 DATE OF DEATH (Month) (Day) (Year)
DATE OF BIRTH May 9" 1913 (Month) (Day) (Yoar)	i HEREBY CERTIFY, That I attended deceased from ,191, te ,191, that I last saw halive on,191,
yrs. Mos. or mln.?	and that death occurred on the date stated above, at 4-30 m. The CAUSE OF DEATH * was as follows: Capilloury Swindings
(a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Marylund	(Bersties) yrs. mes. 4 ds. Contributory Secondary (Bursties) yrs. mes. 4s.
10 NAME OF FATHER LOUIS 3. Hyland. 11 BIRTHPLACE OF FATHER (State or country) Kent les Mid. 12 Mailoen NAME OF MOTHER Mary 6 Stools 13 BIRTHPLACE OF MOTHER MARY 6 STOOLS 15 BIRTHPLACE OF MOTHER MARY 6 STOOLS 16 BIRTHPLACE OF MOTHER MARY 6 STOOLS 17 BIRTHPLACE OF MOTHER MARY 6 STOOLS 18 BIRTHPLACE OF MOTHER MARY 6 STOOLS 19 BIRTHPLACE OF MOTHER MARY 6 STOOLS 10 PAGE 10 PA	(Signed) State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) Al place is the
(State or country) 4 THE ABOVE IS TRUE TO THE BEST OF MY WNOWLEDGE (Informent)	at death yrs. mes. de. State, yrs. mes. ds. Where was disease contracted, It not at place of death? Former or wowal residence
Filed alec 1, 1915 - It J. Jyclos per E. TA. Social REGISTRAR	19 PLAGE OF BURIAL OR REMOVAL ONE STATE ON THE STATE ON
If more blanks are needed, address State Registrar, 1	6 W. Saratoga St., Balto., Requesting V. S. No. 1.

1 -1.

[Approved by U. S. Census and American Public Health Association.]

first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulor given up on account of the DISBASE CAUSING DEATH, -Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autobusiness or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, For many occupations a single word or term on the write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Houseprecise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more only when needed. As examples: is provided for the latter statement; it should be used Statement of Occupation-Precise statement of occupa-Compositor, Architect, Locomotive engineer, Civil zer, Stationary freman, etc. But in many cases, For persons who have no occupation whatever, (a) Spinner, (b) Cotton If retired from

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia of lungs, meningualified, is indefinite); Tuberculosis of lungs, meningualified, is indefinite);

cough; Chronic valvular heart disease; Chronic interstitial genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maramus," "Old Age," "Shock," "Uraemia," "Weakness," on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as surgical operation was undertaken. For violent deaths "PUERPERAL perilonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anacmia" symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. "Tumor" for malignant neoplasms); Measles; Whooping "Coma," (merely symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercur-"Atrophy," ACCIDENTAL, important.

If this certificate is looked over thoroughly and all questious answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

JAN 5-1916
BUREAU, V.S.

1 PLACE OF DEATH 50 STATE OF MARYLAND HYSICIANS CERTIFICATE OF DEATH Registration Dist. No. linestone If death occurred in 0 .Ward) a hospital or institution, give its NAME Instead ZX. of street and number.] RECORD EXACT PERSONAL AND STATISTICAL MEDICAL CERTIFICATE OF DEATH 3 SEX 5 SINGLE, 4 COLOR OR RACE 16 DATE OF DEATH stated cla MARRIED. PERMANENT WIDOWED OR DIVORCED (Month) properly HEREBY CERTIFY, That I attended deceased from DATE OF BIRTH pino (Month) (Day) (Year) 7 AGE if LESS than of may and that death occurred on the date stated above, as ш 1 day, hrs. back O DEATH was as follows: THIS min. ? H P that 8 OCCUPATION
(a) Trade, profession, or 6 ed particular kind of work (b) General nature of ludustry nstructi terms, business, or establishment in which emplayed (or employer) 9 BIRTHPLACE Contributory Secondary (State or country) lain See 10 NAME OF 2 FATHER pino mportant ATH 11 BIRTHPLACE . (Address) ... PARENT OF FATHER *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, (State or country) ы 12 MAIDEN NAME 0 OF MOTHER of informati 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) 13 BIRTHPLACE US) At place OF MOTHER (State or country) WRITE af death State.yrs.ds. Where was disease contracted. OF MY KNOWLEDGE If not al place of death? 0 state Former or item usual residence כוש Every should OCCU REMOVAL DATE OF BURIAL (Address) 15 20 UNDERTAKER ADDRESS 0 Z If more blanks are needed, address State Registrar 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook. wife, Housework, or At Home, and children, not gainfully the duties of the household only (not paid Housekeepers Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons employed, as At school or At home. Care should be who receive a definite salary), may be entered as Houseprecise specification as Day luborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stotionary fireman, etc. But first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. pess of various pursuits can be known. The question -Coal mine, etc. Women at home, who are engaged in Statement of Occupation-Precise statement of occupathe second statement. is very important, so that the relative healthful-Compositor, Architect, For persons who have no occupation whatever, The material worked on may form part Never return "Laborer," Locomotive engineer, in many eases, If retired from without more (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," pneumonia, Rronchopneumonia ("Pneumonia, menin-upqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, or HOMICIDAL, or as probably such, if impossible state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths mus," "Old Age," "Shock," "Uracmia," "Weakness, "Anaenia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Concough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of to determine definitely. "PUERPERAL peritonitis," etc. birth or miscarriage as "Puerperal septichaemia," etc., when a definite disease can be accertained as the "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. by railway Always qualify all diseases resulting from child-The contributory (secondary or intercurtrain-accident; Revolver wound Examples: Accidental drowning; State cause for which Nevcr "Exhaustion," report mere



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

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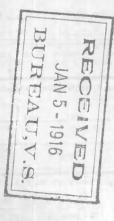
PLACE OF DEATH	STATE OF MARYLAND
County 121793	CERTIFICATE OF DEATH
00	Registration Dist. No.
Village or City Heroles Con. (No	St.; Ward) [If death occurred is a hospital or institution, give ifs NAME Instead
2FULL NAME Shee 15	of street and nomber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RAGE MARRIED, WIDOWED, ORDIVORCED (Write the word)	16 DATE OF DEATH (Month) (Day (Year)
6 DATE OF BIRTH	17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day (Year)	that I last saw h
7 AGE 1 If LESS than 1 day,hrs. ORmin.?	and that death occurred on the date stated above, at 4 m, The CAUSE OF DEATH* was as follows:
B OCCUPATION (a) Trade, profession, or particular kind of work (b) Beneral nature of industry, business, or establishmenf in which employed (or employer)	Stell, Paren, (Duration) yrs. mos. ds.
BIRTHPLACE (State or country) Cholode Will	Gontributory Secondary
10 NAME OF Helliam Jack	(Signed) Willedard M. D.
11 BIRTHPLACE OF FATHER (State or country) Bleslow 12 MAIDEN AME OF MOTHER	State the Disease Causing Death, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Acciden-
a yary & ofseeing	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS)
13 BIRTHPLACE OF MOTHER (State or country) Chealestre US	At place in the of death yrs. mos. ds. State yrs. mos. ds. Where was disease contracted.
(Informant) Wellie for the Best of My Knowledge	If not at place of death? Former or usual residence.
(Address) Auguston 100	PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed DSP, G1913 APPRINTER REGISTRAR	20 UNDERTAKER CONFINANCIAL MINISTER
If more blanks are needed, address State Regist	trar, & E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write Nonc. gainfully employed, as At school or At home. Care cases, especially in industrial employments, it is neccated thus: CAUSING DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers minc, etc. fication as Day laborer, Farm laborer, Laborer "Mauager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. been changed or given up on account of the DISEASE first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question (a) Spinner, tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salcsman, "Laborer," "Foreman," As examples:

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) a Typhoid fever (never report "Typhoid disease); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubercutesis of lungs, meninges, peritonaeum, etc., Carcin-

mia," "Tuerreral peritonitis," etc. ctc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," mere symptoms or terminal conditions, such as "Asvalvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic ture of the American Medical Association.) cause of death approved by Committee on Nomenclainjury, as fracture of skull, and consequences (e. g., dent; Revolver wound of head-homicide; Poisoned such, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJURY and qualify as which surgical operation was undertaken. childbirth or miscarriage as "Puerreral septichac-"Heart failure," "Haemorrhage," "Juanition," "Maras geuital," "Scuile," etc.), "Dropsy," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenla," "Anaemia" (merely symptomatic), "Atrophy," Bronchopncumonia (secondary), 10 ds. Never report ample: Measles affection need not be stated unless important. oma, Sarcoma, etc., of...... (name origin; "Can-"Contributory." by carbolic acid-probably suicide. The nature of the Accidental drowning; Struck by railway train-acciis less definite; avoid use of "Tumor" for malig The contributory (secondary or intercurrent) tetanus) may be stated under the head of Always qualify all diseases resulting from (Recommendations on statement of (disease causing death), 29 ds.; State cause for "Exhaustion," For VIO-



N. B.—Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in pisin terms, so that it may be properly elsselled. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN

Village or City Golfs (No.	give its NAME instead of street and somber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX 4 COLOR OR RACE Saingle, Married Widower, Or Divorce (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
Month) (Day) (Year)	that I last saw h allve on alle selfer 191
TAGE If LESS that 1 day,hrs 1 day,hrs CRmin.? COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	The CAUSE OF DEATH* was as follows:
9 BIRTHPLACE (State or country) 10 NAME OF FATHER 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) Guration) yrs mos ds. (Signed) Guration yrs mos ds.
of Mother Succe Sammand, 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEBT OF MY KNOWLEDGE (Informatt) Successful Beard	18 LENGTH OF RESIDENCE (FOR HOAPITALS, INSTITUTIONS, TRANSIENTA, OR RECENT REGIDENTS) At place In the of death yrs. mos. ds. State yrs, mos. ds. Where was disease contracted, if not at place of death? Former or osual residence.
(Address) Suddensulle Mid. 16 Filed Llet. 8, 181 S Lev K. June of Registran If more blanks are needed, address State Berts to	19 PLACE OF BURIAL OR REMOVAL 29 UNDERTAKER ADDRESS ALL ADDRESS Tar, 6 E. Franklin St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At homc. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second statement. Never return "Laborer," "Foreman," Grocery; (a) Foreman, (b) Automobile factory. The It should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question minc, etc. essary to know (a) the kind of work and also (b) For many occupations a single word or term on the tion is very important, so that the relative healthful-Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be indi-Women at home, who are engaged in the (b) Cotton mill; (a) Salcsman, If the occupation bas (g

Statement of cause of death—Name, first, the disease causing death—It is already affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cercbrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, pertionaeum, etc.. Carcin-

ture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." scpsis, tctanus) may be stated under the head injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Polsoned Accidental drowning; Struck by railway train-accisucb, If impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS State MEANS OF INJUSY and qualify as which surgical operation was undertaken. For vicmia," "PUERPERAL peritonitis," etc. cblldbirth or miscarriage, as "Purpersal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Ileart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Collapse." "Coma," "Convulsions," "Debility" ("Contbenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopncumonia (secondary), 10 ds. Never report ample: Measics (disease causing death), 29 de.; affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronio oma. Sarcoma. etc., of is less definite; avoid use of "Tumor" for malig-The contributory (secondary Always qualify all diseases resulting from (Recommendations on statement of "Dropsy," "Exhaustion," (name origin; "Canor intercurrent) State cause for Examples:



If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

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only when needed. As examples: (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autowrite None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil applies to each and every person, irrespective ness of various pursuits can be known. The question Housemaid, etc. If the occupation has been changed engineer, For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal mine, etc. Statement of Occupation-Precise statement of occupa-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in If retired from of age.

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,") Lobar pneumonia, Bronchopneumonia ("Pneumonia," meningialified, is indefinite); Tuberculosis of tungs, meningia

on statement of cause of death approved by Committee state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal peritonitis," etc. State cause for which genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bron-"Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.... on Nomenclature of the American Medical Association.) under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull hcad-homicide; Poisoned by SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Anaemia" rent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial (name origin; "Cancer" is less definite; avoid use of Struck by railway train—accident; Revolver wound of "Old Age," "Shock," "Coma," (merely symptomatic), "Atrophy," The contributory (secondary or intercur-"Convulsions," "Debility" "Uraemia," "Weakness," carbolic Never report mere acid-probably important. ("Con-



PERMANENT RECORD

4 IS of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state — DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very See instructions on back of certificate.

MARGIN

PLAINLY, WITH UNFADING INK-THIS

S. No. 1.

WRITE

CAUSE OF I

1 PLACE OF DEATH Kent County



STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 200

Village or City of Mena	Hel (No.	4000007800088774075570088888888888888888	St.;Ward)
	Of pur	10-	

[If death occurred in a hospital or institution, give its NAME instead

2FULL NAME Mew nam	(Still born) of street and number.
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Trale 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIDOWED, OROIVORGED (Write the word)	16 DATE OF DEATH /2 , 191 (Month) (Day (Year)
6 DATE OF BIRTH	that I last saw h allve on lettery, 191
(Month) (Day (Year) 7 AGE Still birth 1 day,hrs. yrs	and that death occurred on the date stated above, at 2 P. m. The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work. (b) General nature of Industry, business, or establishment in which employed (or employer)	(Duration) yrs. mos. ds.
State or country)	Contributory Secondary
10 NAME OF FATHER FRANK HOWNAM 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER OF MOTHER	(Signed)
12 MAIDEN NAME of MOTHER Stage 13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	TAL, SUICIDAL, OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE) At place of death
(Informant) Frank Hewnam	If not at place of death? Former or usual residence.
(Address) Paleisa, Ma. 15 Filed 12 8 , 1915 Geo. Phones Fixed Recistran	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL 20 UNDERTAKER Pace ADDRESS France Merry and Labore 7000

If more hlanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the honsehold only (not paid Housekeepers "Manager," "Dealer," etc., without more precise speciadditional line is provided for the latter statement; cated thus: Farmer (retired 6 yrs.) For persons CAUSINO DEATH, state occupation at beginning of ill-Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as minc, etc. fication as Day laborer, Farm laborer, Laborer-Coal statement. it should be used only when needed. the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b)cases, especially in industrial employments, it is nec-Civil engineer, Stationary froman, etc. But in many Physician, Compositor, Architect, Locomotive engineer. first line will be sufficient, e. g., Farmer or Planter, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question who have no occupation whatever, write None. been changed or given up on account of the disease material Grocery; (a) Foreman, (b) Automobile factory. The For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, (b) Cotton mill; (a) Salesman, If retired from business, that fact may be indivery important, so that the relative healthfulworked on may form part of the second Women at home, who are engaged in the Never retnrn "Laborer," As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causino death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tubereucisis of lungs, meninges, peritonacum, etc., Carcin-

mia," "PUERPERAL peritonitis," etc. mus," "Old Age," "Shock," "Uraemia," "Weakness," thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic oma, Sarcoma, etc., of..... (name origin; "Caninjury, as fracture of skull, and consequences (e. g., LENT DEATHS state MEANS OF INJURY and qualify as childbirth or miscarriage as "Heart failure," "Haemorrhage," "Inanition," "Maras-"Collapse," "Coma," "Convulsions," "Debility" ("Conture of the American Medical Association.) cause of death approved by Committee on Nomencladent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, or as probably which surgical operation was undertaken. etc., when a definite disease can be ascertained as the Bronchopneumonia "Contributory." by carbolic acid-probably suicide. The nature of the is less definite; avoid use of "Tumor" for malig-The contributory (secondary or intercurrent) tetanus) Always qualify all diseases resulting from Mcasles (disease cansing death), 29 ds.; "Senile," etc.), (Recommendations on statement of may be stated under the head of (secondary), 10 ds. "Dropsy," "Exhanstion," "PUERPERAL septichae-State cause for Never report



1 PLACE OF WEATH STATE OF MARYLAND lj. Qi (1) PHYSICIAN t statement CERTIFICATE OF DEATH Registration Dist. No. If death occurred in Village or CityWard) a hespital or institution. give its NAME instead of street and number. ? RECORD EXACT classified. AND STATISTICAL PARTICULARS MEDICAL CERTIFICATE OF DEATH SINGLE. 16 DATE OF DEATH stated WIDOWED OR DIVOROED (Write the word) (Month) (Day he properly certificate. peq 6 DATE OF BIRTH should (Day) If LESS than 0 TAGE rnay لنا back (5 min. ? A that OCCUPATION
(a) Trade, profession, or instructions on supplied particular kind of work plain terms, so (b) General nature of ledustry business, or establishment in which employed (or employer) Contributory 9 BIRTHPLACE (State or country) 10 NAME OF 99 FATHER C pino important IL RENTS BIRTHPLACE OF FATHER (State or country) d *State the DISEASE CAUSING DRATH, or, in deaths from VIOLENT ы CAUSES, state (1) MEANS OF INJURY; and (2) whether Accidental, 0 SUICIDAL OF HOMICIDAL. 12 MAIDEN NAME PA OF MOTHER of information CAUSE OF LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, Very OR RECENT RESIDENTS) 13 BIRTHPLACE to the At piece OF MOTHER State,yrs. (State or country)yro.ds. Where was discore contracted, UPATION 14 THE ABOVE IS If not at place of death? Former or item neuni residence Every should Occur 15 m REGISTRAR ż

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No.

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, engaged in domestic service for wages, as Servant, Cook, employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiness of various pursuits can be known. The question tion is very important, so that the relative healthfulwrite None. Housemaid, etc. If the occupation has been changed taken to report specifically the occupations of persons precise specification as Day laborer, Farm laborer, Laborer know (a) the kind of work and also (b) the nature of the For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. (a) Salesman, (b) Grocery; (a) Foreman, The material worked on may form part Women at home, who are engaged in Locomotive engineer, (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of tungs, menin-

symptoms or terminal conditions, such as "Asthenia," cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated Struck by railway train-accident; Revolver wound of SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deatus birth or miscarriage as "Puerperal septichaemia,"
"Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatie), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conchopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee suicide. The nature of the injury, as fracture of skull head-homicide; Poisoned by carbolic acid-probably The contributory (secondary or intercur-"Dropsy," "Exhaustion,"



Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. A PERMANENT RECORD BINDING INK-THIS IS FOR RESERVED PLAINLY, WITH UNFADING MARGIN WRITE

S. No. 1.

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N.B.

PLACE OF DEATH 21798 County VEXT Village or City MOTQUEE (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2501. St; Ward) St; Ward) Fluxumer St; AME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Ather (Write the word)	16 OATE OF DEATH (Month) (Day) (Year)
TAGE S DATE OF BIRTH April 15", 196% (Year) (Year)	that I last saw he alive on the date stated above, at Am.
COCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry business, or establishment in which employed (er emplayer)	The CAUSE OF DEATH * was as follows: Thralypis (Burallea) yrs. 3 mos. 4s.
9 BIRTHPLACE (State or country)	Secondary (Buthilen) as de
10 NAME OF FATHER PEACE OF FATHER (State or country) 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME	(Signed) James C. Tahaan , M. 0. 181. (Address) Chusenbown Ad. *State the Disease Causing Drath, or, in deaths from Violent Causes, state (1) Means of Injury; and (2) whether Accidental, Suicidal or Homicidal.
13 BIRTHPLACE OF MOTHER (State or country)	OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, INSTITUTIONS,
(Informati) Edw J Survey	Former or usual residence
(Address) Kennedyville HD Filed Love 304, 1915 Pollean Pany Love REGISTRAN	Lohester town Date of Burial, 19 place of Burial, 19 place of Burial Dec 31, 1915. 20 UNDERTAKER Load Christertown
If more blanks are needed, address State Registrar,	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. If retired from or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House-—Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to cian, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupathe second statement. For persons who have no occupation whatever, The material worked on may form part Women at home, who are engaged in As examples: (a) Spinner, (b) Cotton Never return "Laborer," (b) Auto-

Statement of Cause of Death—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and eausation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia,"); Lobar pneumonia, Bronchopneumonia of lungs, meninunqualified, is indefinite); Tuberculosis of lungs, menin-

lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marason statement of cause of death approved by Committee and consequences (e. g., sepsis, tetanus) may be stated under the head of "Contributory." (Recommendations SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths birth or miscarriage as "Puerperal septichaemia," "Puerperal perilonitis," etc. State cause for which etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, pcritonaeum, etc., Carcinoma, Sarcoma, etc., of......... (name origin; "Cancer" is less definite; avoid use of on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, cause. Always qualify all diseases resulting from childmus," "Old Age," "Shock," "Uraemia," "Weakness," Struck by railway train—accident; Revolver wound "Anaemia" -homicide; Poisoned (mercly symptomatic), "Atrophy," "Coloma," "Convulsions," "Debility" ("Con-The contributory (secondary or intercurby carbolic Never report mere acid—probably important.



N. B.-

Villa	ge or City	(No	
	PERSONAL AND STATIS	TICAL PARTICUI	ARS
3 SE	4 COLOR OR RACE	5 SINGLE, MARRIED, WIDOWED OR DIVORCED (Write the word)	Have
7 AG	TE OF BIRTH (Mor		(Year If LESS the 1 day, hr
par (b) Trade, profession, or ricular kind of work) General nafore of industry siless, or establishment in siless, or entered for employers.	4	w.
par (b bu: wh	Gricular kind of work General nafore of industry siness, or establishment in ich employed (or employer) Grand Carlotter (State or country)	y law	d si
pai (b bus wh	rilcular kind of work) General nafore of industry siness, or establishment in ich employed (or employer)	y law	Z ss
pai (b bu: wh	of color kind of work General nafore of industry siness, or establishment in ich employed (or employer) IRTHPLACE (State or country) 10 NAME OF FATHER	y land	d so
ARENTS Had e	General nafore of industry Siness, or establishment in ich employed (or employer) RTHPLACE (State or country) 10 NAME OF FATHER	y land	d so
STNTS wh	General nafore of industry siness, or establishment in ich emplayed (or employer) ITHPLACE (State or country) IO NAME OF FATHER II BIRTHPLACE OF FATHER (State or country) IZ MAIDEN NAME	y laws	d so
PARENTS WHA BE 6 PRINCE 6 PRIN	10 NAME OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER 13 BIRTHPLACE OF MOTHER	y laws	d so

STATE OF MARYLAND CERTIFICATE OF DEATH

Registration Dist. No. 201

Ward)	[If death occurred in a hespital or institution.
101	give its NAME Instead of street and number.]

MEDICAL CERTIF	ICATE OF D	EATH
16 DATE OF DEATH	bee (Month)	17 , 1915 . (Day) (Year)
17 I HEREBY CERTIFY, T		ed deceased from
that I last saw h 🗘 alive on	Dec 1	6th, 1915-,
and that death occurred on the	date stated	above, at 2.4 m.
The CAUSE OF DEATH * was		
Paralysis Core	brals	
(**	(Buration)y	rods.
Secondary	. •	**************************************
(Signed) S. MOAYLU- Sel. 12th, 1915, (Address) State the Disprase Causino Causins, state (1) Means of Inji	Ell. Still Pond	mee
SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOR RECENT RESIDENTS) At place of dath	OSPITALS, INSTI	
Former or usual residence		***************************************
19 PLACE OF BURIAL OR REMOVA	L DAT	E OF BURIAL
20 UNDERTAKER	ADI	PRESS

If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

JAN 5-1916 BUREAU, V

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (c. g., sepsis, letanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver wound of to determine definitely. Examples: Accidental drowning; surcider, or homicinal, or as probably such, if impossible state means of inder and qualify as accidental, surgical operation was undertaken. For violent nearns "PUERPERAL peritonitis," etc. State cause for which birth or miscarriage as "PUERPRAL septichaemia," cause. Always quality all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracinia," "Weakness," "Heart failure," "H emorrhage," "Inanition," "Mares genital," "Senile," etc.), "Dropsy," "Exhaustion," lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatic), "Atrophy," "(Old symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 da.; Bronrent) affection need not be stated unless important. nephritis, etc. The contributory (secondary or intercurcough; Chronic valvular heart disease; Chronic interstitial "Tunor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of.

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essentlal and must be obtained before
the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on account of the nisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealcr," etc., without more of the second statement, Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Auloonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many cases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the disease to causing define the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fewer (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid preumonia,"; Typhoid preumonia,"; Typhoid preumonia,"; Typhoid preumonia,"; Diphtheria, Bronchopneumonia ("Preumonia,"); Typhoid preumonia,"; Typhoid preumonia,"; Typhoid preumonia,"; Typhoid preumonia, Bronchopneumonia, is indefinite); Tyberculosis of lungs, meningingia, is indefinite); Tyberculosis of lungs, meningia.

Every item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD BINDING 4 S FOR -THIS RESERVED INK WRITE PLAINLY, WITH UNFADING MARGIN $\vec{-}$ No.

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PLACE OF DEATH	STATE OF MARYLAND
County Kint 2 21800	CERTIFICATE OF DEATH
	Registration Dist. No. 252
Of the bound	0: - 1
Village or City Character (No. Case)	a haspital or institution,
2 FILL NAME Unnamed	Solice of frame) give its NAME instead of street and number.]
FULL NAME	Sheppa
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male Myro Gride (Write the word)	16 DATE OF DEATH Rec. 24, 1915° (Month) (Vay) (Year)
6 DATE OF BIRTH	I HEREBY CERTIFY, That I attended deceased from
De 24 1915	191 J, to , 191 ,
(Month) (Day) (Year)	that I last saw h alive on , 191,
7 AGE Stiele Carrie 1 1 day, hrs.	and that death occurred on the date stated above, at
yrs. mes. ds. OR min.?	The CAUSE OF DEATH * was as follows:
% OCCUPATION (a) Trade, profession, or	
particular kind of work	
(b) General nature of industry business, or establishment in	(Oursiles) we see
which emplayed (ar empleyer)	(Burallon) yrs. mes. ds.
9 BIRTHPLACE (State or country) Christiertown Med	Secondary
10 NAME OF MI Shippard	(Signed) Carry (Signed) yrs. mos. ds.
of FATHER Cuterfavor Mist	Dec. 25 , 161 5 ddress heiter form Mik
E State or country Culturation (State or country)	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIOAL.
of MOTHER Maggie Broadway	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS,
13 BIRTHPLACE Co., Mild.	OR RECENT RESIDENTS) Al place to the set of deathyrs
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	Where was dissass contacted, If not at place of death?
(Informant) Wir Shippard	Former or
Ol 41 1 3 11 0	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
(Address) Churchesforen, flac	O T OR 11 . Dec 250 10
	20 UNDERTAKER A ADDRESS
Filed , 191	Wire shepsard Chestertown his
	4

[Approved by U. S. Census and American Public Health Association.]

business, that fact may be indicated thus: Farmer (retired & yrs.). For persons who have no occupation whatever, write None. state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scrvant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House--Coal mine, etc. Women at home, who are engaged in the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton business or industry, and therefore an additional line is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-The material worked on may form part Locomotive engineer, But in many cases, If retired from The question (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Pronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably SUICIDAL, OF HOMICIDAL, OF as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Struck by railway train—accident; Revolver wound of "Puerperal peritonitis," etc. State cause for which birth or miscarriage as "PUERPERAL septichuemia," cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uracmia," "Weakness," genital," "Senile," etc.), "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. "Heart failure," "Haemorrhage," "Inanition," "Marassymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report mere Example: Measles (disease causing death), 29 ds.; Bronnephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of The contributory (secondary or intercur-"Dropsy," "Exhaustion,"

If this certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

RECEIVED

JAN 5 - 1916

BUREAU, V.S.

V. S. No. 1.

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Village or City Edesville (No	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 2/3 St.; Ward)
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE 5 BINGLE, MARRIED, WIDDWED OR OIVORCEO (Write the word)	16 DATE OF DEATH Scender 31, 1915 (Month) (Day) (Year)
6 DATE OF BIRTH	HEREBY CERTIFY, That I attended deceased from
7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw her alive on Ste 30 , 1915 and that death occurred on the date stated above, at 100 mm. The CAUSE OF DEATH * was as follows:
SOCCUPATION (a) Trade, profession, or Jouse Reeking, particular kind of work (b) General nature of ledustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country) Schief loo Pa	Contributory Bright (Berpilen) Tre mee de
11 BIRTHPLACE OF FATHER (State or country) Pennsylvania; (State or country) Pennsylvania; (Description of Mother avenual Smith, (State or country) Pennsylvania; (State or country) Pennsylvania;	(Signed) TO SUNGL STATE OF M. 8 *State the DISEASE CAUSING DRATH, Or, in deaths from VIOLENT CAUSEM, state (1) MEANS OF INJURT; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS OR RECENT RESIDENTS) At place of death yis. Mee. ds. Stele, yrs. Mee. de
14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWN EDGE (MOFMANN) Lecival & Smith (Address hestertown Noute 5, 16 FRED / 2 , 1916 J. B. D. M. M. M. J. REGISTRAN	Where we disease contracted, If not at place of death? Former or sound residence. 19 PLACE OF BURIAL OR REMOVAL 20 UNDERTAKER The Carry B. Roth Hall

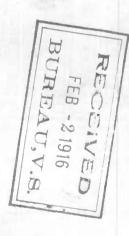
If more blanks are needed, address State Registrar, 16 W. Saratoga St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

write None. business, that fact may be indicated thus: Farmer (retired 6 yrs.). For persons who have no occupation whatever, state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer mobile factory. The material worked on may form part of the second statement. Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more mill; (a) Salcsman, business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) Spinner, (b) Cotton know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomotive engineer, Civil engineer, Stationary fireman, etc. But in many cases, applies to each and every person, irrespective ness of various pursuits can be known. The question tion is very important, so that the relative healthful-For many occupations a single word or term on the -Coal mine, etc. Statement of Occupation-Precise statement of occupa-Women at home, who are engaged in (b) Grocery; (a) Foreman, If retired from (b) Autoof age.

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia," Lobar pneumonia, Bronchopneumonia ("Pneumonia, menin-

on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, tetanus) may be stated SUICIDAL, or HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning: state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For VIOLENT DEATHS "PUERPERAL peritonitis," etc. etc., when a definite disease can be ascertained as the lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hacmorrhage," "Inanition," "Marasmus," "Old Age," "Shock," "Uraemia," "Weaknese," "Anaemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Consymptoms or terminal conditions, such as "Asthenia," chopneumonia Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important. nephritis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping (name origin; "Cancer" is less definite; avoid use of ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of..... on Nomenclature of the American Medical Association.) suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned Struck by railway train-accident; Revolver wound of birth or miscarriage as "Puerperal septichaemia," cause. Always qualify all diseases resulting from child-(secondary), 10 ds. The contributory (secondary or intercurby carbolic State cause for which Never report mere acid-probably



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in piain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN W. B. No. 1.

PLACE OF DEATH	STATE OF MARYLAND
County Kent. 21802 (CERTIFICATE OF DEATH
Village or City Chesterville (No. ,	St; Ward) [If death occurred in a hospital or institution give its NAME instead
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE MARRIED, WIDOWED, WIDOWED (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17
(Month) (Day) (Year)	that I last saw h allve on attemptant, 191
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, atm, The CAUSE OF DEATH* was as follows:
6 OCCUPATION (a) Trade, profession, or particular kind of work (b) General nature of industry, business, or establishment in which employed (or employer)	(Buration) yrs. mos. 6 cs. Contributory (Secondary)
10 NAME OF FATHER Clfced Thomas, 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF OF MOTHER OF MOTHER	(Signed) Sed Sales
OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	16 LENGTH OF RESIDENCE FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos ds. State yrs, mos ds. Where was disasse contracted,
(Address) Millinisten 4.20	If not at place of death? Former or Usual residence. 19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL
Filed Alec 23, 1915 South June REGISTRAN	Chesterulle Md. 12/23, 1915 20 UNDERTAKER Paud ADDRESS
If more blanks are needed, address State Registra	will it begins . Mellenenes has

[Approved by U. S. Census and American Public Health Association.]

cated thus: Farmer (retired 6 yrs.). For persons minc, etc. Women at home, who are engaged in the dutles of the household only (not paid Housekeepers who have no occupation whatever, write None. CAUSING DEATH, state occupation at beginning of ilibeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the husiness or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, lrrespective of age. (a) Spinner, (b) Cotton mill; (a) Salesman, first line will be sufficient, e. g., For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative healthfui-Statement of occupation-Precise statement of occupa-If retired from husiness, that fact may be indi-Never return "Laborer," If the occupation has Farmer or Planter, "Foreman," (6)

Statement of cause of death—Name, first, the disease causing death—Name, first, the disease causing decision with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Tneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonacum, etc.. Carcinosis of lungs, meninges, peritonacum, etc.. Carcinosis

ture of the American Medical Association.) cause of death approved by Committee on Nomencia-"Contributory." (Recommendations on statement of scpsis, tetanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vromia," "PUERPERAL peritonitis," etc. chlidblrth or miscarriage, as "Purrperal septichaecause. Always qualify all diseases resulting from etc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemla," "Weakness," genital," "Senlle," etc.), "Dropsy," "Exhaustion," "Collapse." "Coma," "Convulsions," "Dehility" ("Conthenia," "Anaemla" (merely symptomatic), "Atrophy," ample: Measles (disease causing death), 29 ds.; affection need not be stated unless important. oma. Sarcoma. etc., of _______ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malig-"Heart fallure," "Haemorrhage," "Inanition," "Maras-Bronchopneumonia (secondary), 10 ds. Never report valvular heart disease; Chronic interstitial nephritis. nant neoplasms); Measles; Whooping cough; Chronic mere symptoms or terminal conditions, such as "As-The contributory (secondary or intercurrent) State cause for Examples:



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of OCCUPATION IS PHYSICIANS PERMANENT properly classified. UNFADING INK-THIS IS See instructions on back of certificate. WRITE PLAINLY, WITH of information should be DEATH in plain terms, CAUSE OF Important. No. N. B.

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21803



STATE OF MARYLAND CERTIFICATE OF DEATH

		Registration Dist. No.
VII	llage or City Tock Hall (No.	St.; Ward) [If death occurred in a hospital or lostitution, give its NAME instead
	FULL NAME Slill born=	= 1547 ner of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Male COLOR OR RACE Sound		16 DATE OF DEATH Dec 19. 1912 (Month) (Day (Year) 17 I HEREBY GERTIFY, That I attended deceased from
6 D	ATE OF BIRTH	that I last saw h & alive on Still Down, 1915.
TA	Slite Born 1 day, hrs. yrs. mos. ds. OR. min.?	and that death occurred on the date stated above, atm, The GAUSE OF DEATH* was as follows:
(a pa (b) but	CCCUPATION) Trade, profession, or Iricular kind of work) General nature of industry, siness, or establishment in	Guration) yrs mos ds.
	IRTHPLACE (State or country) Head Cs Incl.	Gontributory Secondary
10	10 NAME OF William M. Warnen	(Signed) (Buration) yrs mos ds.
ARENTS	11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME 12 MAIDEN NAME 13 MAIDEN NAME 14 MAIDEN NAME 15 MAIDEN NAME 16 MAIDEN NAME 17 MAIDEN NAME 18	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, Or HOMICIDAL
PA	13 BIRTHPLACE OF MOTHER (State or country) Kent Oo ma	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place in the of death yrs, mos. ds. State yrs, mos. ds
	(Informant) William M. Warner	Where was disease contracted, If not at place of death? Former or usual residence
15 Fi	1812/20 1913- T. B. Durding	1º PLACE OF BURIAL OR REMOVAL Wesley Chapel Cemetery See 20, 1915. 2º UNDERTAKER ADDRESS
	/ REGISTRAIR	Thos A Casege e Rock Hace

[Approved by U. S. Census and American Hublic Health Association.]

who have no occupation whatever, write None. cated thus: CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not paid Housekeepers mine, etc. fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second it should be used only when needed. additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question Grocery; (a) Foreman, (b) Automobile factory. The first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, is very important, so that the relative healthful-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) As examples: "Foreman,"

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is Indefinite): Tubereulesis of tungs, meninges, peritonaeum, etc., Carcin-

cause of death approved by Committee on Nomenclasepsis, tetanus) may be stated under the head of mia," "PUERPERAL peritonitis," etc. childbirth or miscarriage as "Puerperal septichaeture of the American Medical Association.) "Contributory." injury, as fracture of skull, and consequences (e. g., by earbolic acid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Aceidental drowning; Struck by railway train—accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. For vioetc., when a definite disease can be ascertained as the "Heart fallurc," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debility" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, nant neoplasms); Measles; Whooping cough; Chronic cer" is less definite; avoid use of "Tumor" for maligoma, Sarcoma, etc., of...... (name origin; "Can-The contributory (secondary or intercurrent) "Old Age," "Shock," "Uraemia," "Weakness," Always qualify all diseases resulting from Measles (disease causing death), 29 ds.; (Recommendations on statement of State cause for Never report



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N. B.

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	ORD	-Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See Instructions on back of certificate.
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PLACE OF DEATH County Ken 21804	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Mean Massey (No	Registration Dist. No
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Female Colored (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
6 DATE OF BIRTH ACC 8 ch (Month) (Day) (Year)	that I last saw have allve on See 22 , 191
7 AGE If LESS than 1 day, Ars. OR min. ?	and that death occurred on the date stated above, at 11 Pmm, The CAUSE OF DEATH* was as follows:
(a) Trade, profession, or particular kind of work (b) General nature of Industry, business, or establishment in which employed (or employer)	Congenital Debilite (Duration) yrs. mos. 11 ds.
9 BIRTHPLACE (State or country) ' Kent G. Md.	Gontributory (Secondary) (Duration)yrs mosds.
OF MAME OF Cuther Watson 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER OF MOTHER	(Signed) Serber Bales , M. D. 12/23 , 1915 (Address) Mullington Md *State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
13 SIRTHPLACE OF MOTHER (State or country) A Cl.	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death yrs,
(Informant) Little HE BEST OF MY KNOWLEDGE	where was disease contracted, If not at place of death? Former, or usual residence
(Address). Massey ma 15 Filed re 24, 1915 Earle, a. Stafford Lipity REGISTRAR	19 PLACE OF BURIAL OR REMOVAL 1 Late Planes Dec. 14, 1913 20 UNGERTHER FATTER MASSEY ADDRESS Lohn Harris Massey My
If more blanks are needed, address State Regis trar, 6	E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health
Association.]

who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as duties of the household only (not pald Housekeepers mine, etc. fication, as Day laborer, Farm laborer, Laborer—Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know (a) the kind of work and also (b) cases, especially in industrial employments, it is nec-Civil engineer, Stationary fireman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the applies to each and every person, irrespective of age. tion is very important, so that the relative healthful-(a) Spinner, (b) Cotton mill; (a) Salesman, ness of various pursuits can be known. Statement of occupation-Precise statement of occupa-If retired from business, that fact may be indi-Women at home, who are engaged in the Never return "Laborer," The question "Foreman,"

Statement of cause of death—Name, first, the disease causing death—(the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Ccrebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lodar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tubercutosis of lungs, meninges, peritonaeum, etc.. Carcin-

childbirth or miscarriage, as "Turereral scottichae scpsis, tctanus) may be stated under the head of injury, as fracture of skull, and consequences (e. g., by carbolic acid-probably suicide. The nature of the mia," "PUERPERAL peritonitis," etc. State cause for etc., when a dcfinite disease can be ascertained as the -Kart fallure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asaffection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis uant neoplasms); Measles; Whooping cough; Chronu oma. Sarcoma. etc., of ... ture of the American Medical Association.) cause of death approved by Committee on Nomencla. dent; Revolver round of head-homicide; Potsoned Accidental drowning; Struck by railway train accisucb, if impossible to determine definitely. ACCIDENTAL, BUICIDAL, OF HOMICIDAL, OF as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopncumonia (secondary), 10 ds. Never report er" is less definite; avoid use of "Tumor" for malls "Contributory." The contributory (secondary or intercurrent "Old Age," "Sbock." 'Traemia," "Weakness," Always qualify all diseases resulting from Meastes (disease causing death), 29 ds.: "Senile." etc.), (Recommendations on statement of "Dropsy," __ (name origin; "Can "Exhaustion," Examples:



WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD

Every Item of Information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

V. S. No. 1.

N. B.

County Line 21805	STATE OF MARYLAND CERTIFICATE OF DEATH
Village or City Islackester (No. Prest 2 FULL NAME John Wes	Registration Dist. No. 2 4 [It death eccorred in a hospital or institution, give its NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
3 SEX: 4 COLOR OR RACE 5 SINGLE, MARRIEO, WIGOWEG OR DIVORCED (Write the foord)	16 DATE OF OEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That Lattended deceased from
6 DATE OF BIRTH	m. Medoccial 191,
7 AGE (Month) (Day) (Year) 1 day, hrs. 1 day, min.?	and that death occurred on the date stated above, at 10 m. The CAUSE OF DEATH * was as follows;
G OCCUPATION (a) Trade, profession, or particular kind of work	Marsnue
(b) General nature of lodustry business, or establishment in which employed (or employer) BIRTHPLACE (State or country)	Contributory Anna Secondary
10 NAME OF FATHER Sould Cooper- 11 BIRTHPLACE OF FATHER (State or country) Level Cooper-	(Signed) The Causing Death, or, in deaths from Violent
11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME OF MOTHER 13 BIRTHPLACE OF MOTHER (State or country) Lew Co	*State the DINEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL OF HOMICIDAL. 18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the of death
14 THE ABOVE IS TOUE TO THE BEST OF MY KNOWLEDGE (Informant)	Where was disease contracted, If not st place of death?
15 Fled Sec 25, 191 5 Frank	19 PLAGE OF BURIAL OR SEMOVAL DATE OF BURIAL DATE OF BURIAL 20 UNIGERTAKER DATE OF BURIAL ADORESS ADORESS
If more blanks are needed, address State Registrar, M	W. Saratoga St., Balto, Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

© yrs.). For persons who have no occupation whatever, write Nonc. business, that fact may be indicated thus: Farmer (retired state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons employed, as At school or wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as House the duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. mobile factory. mill; (a) Salesman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. cian, Compositor, Architect, first line will be sufficient, e. g., Farmer or Planter, Physiapplies to each and every person, irrespective of age. ness of various pursuits can be known. The question For many occupations a single word or term on the tion is very important, so that the relative healthful--Coal minc, etc. Statement of Occupation-Precise statement of occupa-The material worked on may form part Women at home, who are engaged in At home. Care should be Never return "Laborer," Locomotive engineer, But in many cases, If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, menin-

on Nomenelature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, tetanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train-accident; Revolver state means of injury and qualify as accidental, suicidal, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; surgical operation was undertaken. For violent deaths "Puerperal peritonitis," etc. birth or miscarriage as "PUERPERAL septichuemia," mus," "Old Age," "Shock," "Uracmia," "Wcakness," genital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Maras-"Anzemia" (inerely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Conrent) affection need not be stated unless important. cough; Chronic valvular heart disease; Chronic interstitial ges, perilonaeum, etc., Carcinoma, Sarcoma, etc., of (name origin; "Caneer" is less definite; avoid use of etc., when a definite disease can be ascertained as the symptoms or terminal conditions, such as "Asthenia, chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronnephritis, ctc. "Tunior" for malignant neoplasms); Measles; Whooping Always qualify all diseases resulting from child-The contributory (secondary or intercur-State cause for which Nevcr (Recommendations report incie wound of



V. S. No. 1.

Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. PERMANENT RECORD 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

County 21806	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 203
Village or City May Inn (No. ,)	St.; Ward) [It death occurred in a hospital or institution, give lis NAME instead of street and number.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
Thate Black Single, MARRIED, WIDOWED, W	18 DATE OF DEATH) (Month) (Day (Year) 17 1 HEREBY CERTIFY, That I attended deceased from (2.24 1915 that I last saw has alweight the saw has alweight to saw has alweight the saw has alweight
7 AGE Still Corre It LESS than 1 day,hrs.	and that death occurred on the date stated above, at
© OCCUPATION (a) Trade, protession, or particular kind of work	(Duration) yrs. mos. ds.
9 BIRTHPLACE (State or country) 10 NAME OF FATHER windfuld	(Signed) (Ourstion) yrs mos ds. (Signed) (Address) (Address) (Address) (State the Disease Causing Death, or, in deaths from Violent
OF FATHER (State or country) rays multint les 12 MAIDEN NAME OF MOTHER Strie Puntley 13 BIRTHPLACE OF MOTHER (State or country) funt les	CAUSES, STATE (1) MEANS OF INJURY; And (2) Whether Accidental, Suicidal, or Homicidal. 18 Length of Residence (for Hospitals, Institutions, Transients, or Recent Residents) At place In the of death yrs, mos ds. State yrs, mos ds
(Informant) Stand Multiply disputs (Address) Smy Smn Kinkler (Address) Smy Smn Kinkler (Address) Smy Smn Kinkler (Address) Smy Smn Kinkler (Address) Reciptoran	Where was disease contracted, if not at place of death? Former or usual residence. 19 PLACE OF BURIAL OR REMOVAL PATE OF BURIAL 20 UNDERTAKER Talker ADDRESS A READ (20)
If more blanks are needed, address State Regis	par, 6 E. Franklin St., Balto., Requesting V. S. No. 1.



[Approved by U. S. Census and American Public Health Association.]

cated thus: CAUSINO DEATH, state occupation at beginning of ill-Servant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Care Housewife, Housework, or At Home, and children, not dutics of the household only (not paid Housekeepers mine, etc. Women at home, who are engaged in the fication as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specistatement. material worked on may form part of the second Grocery; (a) Foreman, (b) Automobile factory. The it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industry, and therefore an essary to know cases, especially in industrial employments, it is nec-Physician, Compositor, Architect, Locomotive engineer, applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthfulwho have no occupation whatever, write None. been changed or given up on account of the disease who receive a definite salary), may be entered as Civil engineer, Stationary fireman, etc. But in many first liue will be sufficient, e. g., For many occupations a single word or term on the Statement of occupation-Precise statement of occupa-Spinner, If retired from business, that fact may be judi-Never return "Laborer," Farmer (retired 6 yrs.) For persons (b) Cotton mill; (a) Salesman, (a) the kind of work and also (b) Farmer or Planter, "Foreman," (7)

Statement of cause of death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Croup";) Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite): Tuberculesis of lungs, meninges, peritonaeum, etc., Carcin-

nant neoplasms); Meastes; Whooping cough; Chronic affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis, cer" is less definite; avoid use of "Tumor" for maligture of the American Medical Association.) cause of death approved by Committee on Nomencla-"Contributory." injury, as fracture of skull, and consequences (e. g., by carbolic acid—probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-accisuch, if impossible to determine definitely. Examples: ACCIDENTAL, SUICIDAL, or HOMICIDAL, or as probably LENT DEATHS state MEANS OF INJURY and qualify as which surgical operation was undertaken. mia," "Puerperal peritonitis," etc. State cause for childbirth or misearriage as "Puerperal septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustlon," "Collapse," "Coma," "Convulsions," "Debllity" ("Conthenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "As-Bronchopneumonia (secondary), 10 ds. Never report ample: Meastes (disease causing death), 29 ds.; oma, Sarcoma, etc., of..... (name orlgln; "Can-The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from (Recommendations on statement of For vio-



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS Anould state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of COCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD V. S. No. 1.

BINDING

FOR

RESERVED

MARGIN

	PLACE OF DEATH County Zee 21807 Village or Cityway Stell Road,	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 20/ St; Ward) [If death occurred in a hospital er institution, give its NAME instead of street and number.]
	² FULL NAME	1
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
	SEX 4 COLOR OR RACE 5 SINGLE, MARRIED, WIDDWED OR DIVORCED (Write the word)	16 DATE OF DEATH 2
7	6 DATE OF BIRTH	
	7 AGE (Month) (Day) (Year) 7 AGE (Month) (Day) (Year) 1 day, hrs. OR min.?	that I last saw h alive on Sec 24, 1915, and that death occurred on the date stated above, at 10Pm. The CAUSE OF DEATH * was as follows:
	(a) Trade, profession, or particular kind of work	Bronchitis
	(b) General nature of lodustry business, or establishment in which employed (or employer) P BIRTHPLACE (State or country)	Contributory Cold
	10 NAME OF FATHER Herace Muselow 11 BIRTHPLACE OF FATHER (State or country) 12 MAIDEN NAME (1)	(Signed) (Suration) yrs. mos. ds. (Signed) (Suration) yrs. mos. ds. (Signed) (No. 0. 1) (Signed) (Signed) (No. 0. 1) (No. 0
	13 BIRTHPLACE OF MOTHER (State or country) 14 THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place to the effect of th
	(Informant) Ellie Recoloury	Former ar usual rasidence
	Filed Die 28 , 1915 Filliam Vary	19 PLACE OF BURIAL OR REMOVAL Still ford 20 UNDERTAKER ADDRESS Still ford
	If more blanks are needed, address State Registrar.	16 W. Saratoga St., Balto., Requesting V. S. No. 1.

JANS-1916 DINS-1916

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." (Recommendations and consequences (e. g., sepsis, telanus) may be stated suicide. The nature of the injury, as fracture of skull, head-homicide; Poisoned by carbolic acid-probably Struck by railway train—accident; Revolver wound of to determine definitely. Examples: Accidental drouning; suicidal, or homicidal, or as probably such, if impossible state makes of injury and qualify as accidental, surgical operation was undertaken. For violent deaths "PUERPERAL perilonilis," etc. State cause for which birth or misearriage as "PUERPERAL septichaemia," eause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Age," "Shoek," "Uratinia," "Weakness," "Heart failure," "Haemorrhage," "Inanition," "Marasgenital," "Senile," etc.), "Dropsy," "Exhaustion, lapse," "Coma," "Convulsions," "Debility" ("Con-"Anaemia" (merely symptomatie), "Atrophy," "Cold symptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Never report in re [1] Example: Measles (disease causing death), 29 ds.; Brohrent) affection need not be stated unless important nephritis, etc. The contributory (secondary or intereur cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for inalignant neoplasms); Measles; Whooping oname origin; "Cancer" is less definite; avoid use of ges, perilonaeum, ete., Carcinoma, Sarcoma, ete., of.

If the certificate is looked over thoroughly and all questions answered in detail, it will prevent further correspondence. All the data is essential and must be obtained before the certificate is permanently filed.

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Ceneus and American Public Health Association.]

write None. 6 yrs.). For persons who have no occupation whatever, business, that fact may be indicated thus: Former (retired state occupation at beginning of illness. If retired from or given up on aecount of the pisease causing death, Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Scruant, Cook, taken to report specifically the occupations of persons employed, as At school or At home. Care should be wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers -Coal mine, etc. Women at home, who are engaged in precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more of the second statement. Never return "Laborer," mobile factory. The material worked on may form part mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Autoonly when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used business or industry, and therefore an additional line know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to engineer, Stationary fireman, etc. But in many eases, cian, Compositor, Architect, Locomotive engineer, Civil first line will be sufficient, e. g., Former or Planter, Physi-For many occupations a single word or term on the applies to each and every person, irrespective of age. ness of various pursuits can be known. The question tion is very important, so that the relative healthful-Statement of Occupation-Precise statement of occupa-

Statement of Cause of Death—Name, first, the disease conserved causation, using always the same accepted time and causation), using always the same accepted form for the same disease. Examples: Cerebrospinal form the same disease, Examples: Cerebrospinal spinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid preumonia, Bronchopneumonia ("Pneumonia,"); Lobar preumonia, Bronchopneumonia ("Pneumonia,") unqualified, is indefinite); Tuberculosis of lungs, menin-unqualified, is indefinite);

MARGIN RESERVED FOR BINDING

B. No. 1.

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. RECORD PERMANENT 4 UNFADING INK-THIS IS WRITE PLAINLY, WITH

Gounty Lux 21808	STATE OF MARYLAND CERTIFICATE OF DEATH Registration Dist. No. 201.
*FULL NAME Mabel Win	St.; Ward) a hospital or institution, give its NAME lostead of street and oumber.]
PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
SEX 4 COLOR OR RACE SINGLE, MARRIED WIPOWED, MIGHE (Write the word)	16 DATE OF DEATH (Month) (Day) (Year) 17 I HEREBY CERTIFY, That I attended deceased from
(Month) (Day) (Year)	that I last saw here alive on 3 1975
7 AGE If LESS than 1 day,	and that death occurred on the date stated above, at
(a) Trade, profession, or particular kind of work	Immediate Raise due la failure of compensation
business, or establishment in which amployed (or employer)	(Duration) yrs. 1 mos 21 ds.
9 BIRTHPLACE (State or country) Perma	(Secondary) (Oorgtion) (Oorgtion) (Oorgtion)
10 NAME OF FATHER HURACE Whislow 11 BIRTHPLACE	(Signed) 9-9. Sursii , M. O. TEC 40 / 1915 (Address) Betterton hus
C OF FATHER (State or country) Perma 12 MAIDEN NAME /	*State the DISEASE CAUSING DEATH, or, in deaths from VIOLENT CAUSES, state (1) MEANS OF INJURY; and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.
of Mother (Mabel) Amsore 13 BIRTHPLACE OF MOTHER (State or country) Permas	18 LENGTH OF RESIDENCE (FOR HOSPITALS, INSTITUTIONS, TRANSIENTS, OR RECENT RESIDENTS) At place In the ot death yrs, mos, ds.
(Informant) The BEST OF MY KNOWLEDGE	Where was disease contracted, If not at place of death? Former or usual residence
(Address) Sull and Care	19 PLACE OF BURIAL OR REMOVAL DATE OF BURIAL DELO SURIAL DELO SURI

If more blanks are needed, address State Registrar, 6 E. Franklin St., Balto., Requesting V. S. No. 1.

[Approved by U. S. Census and American Public Health Association.]

duties of the household only (not paid Housekeepers statement. (a) Spinner, (b) Cotton mill; (a) Salesman, (b) Grocery; (a) Foreman, (b) Automobile factory. The cases, especially in industrial employments, it is necapplies to each and every person, irrespective of age. who have no occupation whatever, write None. cated thus: Farmer (retired 6 yrs.). For persons ness. If retired from business, that fact may be indi-CAUSING DEATH, state occupation at beginning of illbeen changed or given up on account of the DISEASE Scrvant, Cook, Housemaid, etc. If the occupation has of persons engaged in domestic service for wages, as should be taken to report specifically the occupations gainfully employed, as At school or At home. Housewife, Housework, or At Home, and children, not who receive a definite salary), may be entered as fication, as Day laborer, Farm laborer, Laborer-Coal "Manager," "Dealer," etc., without more precise specimaterial worked on may form part of the second it should be used only when needed. As examples: additional line is provided for the latter statement; the nature of the business or industy; and therefore an essary to know (a) the kind of work and also (b) Civil engineer, Stationary freman, etc. But in many Physician, Compositor, Architect, Locomotive engineer, first line will be sufficient, e. g., Farmer or Planter, For many occupations a single word or term on the ness of various pursuits can be known. The question tion is very important, so that the relative wealthfulmine, etc. Statement of occupation-Precise statement of occupa-Women at home, who are engaged in the Never return "Laborer," "Foreman,"

Statement of cause of death—Name, first, the disease causing death—the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic cerebrospinal meningitis"); Diphtheria (avoid use of "Cronp"); Typhoid fever (never report "Typhoid neumonia"); Lobar pneumonia; Bronchopneumonia ("Pneumonia," unqualified, is indefinite); Tuberculosis of lungs, meninges, peritonaeum, etc.. Carcin-

such, if impossible to determine definitely. LENT DEATHS State MEANS OF INJURY and qualify as mia," "PUERPERAL peritonitis," etc. State childbirth or miscarriage, as "PUERPERAL septichacetc., when a definite disease can be ascertained as the mus," "Old Age," "Shock," "Uraemia," "Weakness," "Hart failure," "Haemorrhage," "Inanition," "Maras thenia," "Anaemia" (merely symptomatic), "Atrophy," mere symptoms or terminal conditions, such as "Asample: Measles (disease causing death), 29 ds. affection need not be stated unless important. valvular heart disease; Chronic interstitial nephritis nant neoplasms); Measles; Whooping cough; Chronical cause of death approved by Committee on Nomencla injury, as fracture of skull, and consequences (e. g., by carbolic weid-probably suicide. The nature of the dent; Revolver wound of head-homicide; Poisoned Accidental drowning; Struck by railway train-acci-ACCIDENTAL, SUICIDAL, OF HOMICIDAL, OF as probably which surgical operation was undertaken. "Collapse." "Coma," "Convulsions," "Debility" ("Con-Bronchopneumonia (secondary), 10 ds. Never report ter" is less definite; avoid use of "Tumor" for malig oma. Surcoma. etc., of . ture of the American Medical Association.) "Contributory." The contributory (secondary or intercurrent) tetanus) may be stated under the head Always qualify all diseases resulting from "Senile," etc.), "Dropsy," (Recommendations on statement of (name origin; "Can "Exhaustion," Examples: cause for



N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate. WRITE PLAINLY, WITH UNFADING INK-THIS IS A PERMANENT RECORD BINDING FOR RESERVED MARGIN V. S. No. 1.

	PLACE OF DEATH 21809	STATE OF MARYLAND CERTIFICATE OF DEATH
	County LESS	Pegistration Dist. No. 202
	VIIIage or City Chestertown (No. Class) 2 FULL NAME Makilda III	St.; Ward) [If death occurred in a hospital or institution, give its NAME instead of street and number.]
	PERSONAL AND STATISTICAL PARTICULARS	MEDICAL CERTIFICATE OF DEATH
portant. Ode instructions on vaca of continuence.	4 COLOR OR RACE Female Color or Race MARRIED, Widow OR OIVORCEO (Write the word) 7 AGE 16 LESS than 1 day, hrs. 1 day, hrs. 1 or min.? 8 occupation (a) Trade, prefession, or particular kind of wark (b) General nature of industry incliness, or establishment in which employed (or employer) 9 BIRTHPLACE (State or country) 10 NAME OF FATHER (Biate or country) 11 BIRTHPLACE (State or country) Waryland 12 MAIDEN NAME OF MOTHER COLOR OR RACE (Month) (Day) (Year) (Year) (Year) 14 day, hrs. 0R. min.?	(Month) (Day) (Year) I HEREBY CERTIFY, That I attended deceased from ,191 , to
CCOPALION IS VE	OF MOTHER (State or country) THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEGGE (Informant) A L L L	OR RECENT RESIDENTS) At piece te the sef death
220	FRED Lec 26, 191 J. If more blanks are needed, address State Registrar, 1	Chas L Dodd Chesfertown 18 W. Saratoga St. Balton, Requesting V. S. No. 1.
	it more branks are needed, address brace togistrar,	TA 111 CHEMONE DAIL WHITEVER FOOTEDWARD 11 OF SIVE W



[Approved by U. S. Census and American Public Health Association.]

state occupation at beginning of illness. or given up on account of the DISEASE CAUSING DEATH, employed, as At school or At home. Care should be mobile factory. mill; (a) Salcsman, (b) Grocery; (a) Foreman, only when needed. As examples: (a) Spinner, (b) Cotton is provided for the latter statement; it should be used know (a) the kind of work and also (b) the nature of the especially in industrial employments, it is necessary to first line will be sufficient, e. g., Farmer or Planter, Physician, Compositor, Architect, Locomolive engineer, Civil ness of various pursuits can be known. The question write None. business, that fact may be indicated thus: Farmer (retired Housemaid, etc. If the occupation has been changed engaged in domestic service for wages, as Servant, Cook, taken to report specifically the occupations of persons wife, Housework, or At Home, and children, not gainfully who receive a definite salary), may be entered as Housethe duties of the household only (not paid Housekeepers precise specification as Day laborer, Farm laborer, Laborer "Foreman," "Manager," "Dealer," etc., without more business or industry, and therefore an additional line engineer, For many occupations a single word or term on the applies to each and every person, irrespective of age. Statement of Occupation-Precise statement of occupa--Coal mine, etc. the second statement. very important, so that the relative healthful-For persons who have no occupation whatever, Stationary fireman, etc. But in many cases, The material worked on may form part Women at home, who are engaged in Never return "Laborer," If retired from (b) Auto-

Statement of Cause of Death—Name, first, the disease causing death (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: Cerebrospinal fever (the only definite synonym is "Epidemic eerebrospinal meningitis"); Diphtheria (avoid use of "Croup"); Typhoid fever (never report "Typhoid pneumonia"); Lobar pneumonia, Bronchopneumonia ("Pneumonia," menin-

on Nomenclature of the American Medical Association.) on statement of cause of death approved by Committee under the head of "Contributory." and consequences (e. g., sepsis, lclanus) may be stated head-homicide; Poisoned by SUICIDAL, OF HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: Accidental drowning; state MEANS OF INJURY and qualify as ACCIDENTAL, surgical operation was undertaken. For violent deaths Durth or miscarriage as "Puerperal septichaemia,"
"Puerperal peritonitis," etc. State cause for which cause. Always qualify all diseases resulting from childetc., when a definite disease can be ascertained as the mus," "Old Agc," "Shock," lapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Haemorrhage," "Inanition," "Marasymptoms or terminal conditions, such as "Asthenia," chopneumonia (secondary), 10 ds. Example: Measles (disease causing death), 29 ds.; Bronrent) affection need not be stated unless important nephrilis, etc. cough; Chronic valvular heart disease; Chronic interstitial "Tumor" for malignant neoplasms); Measles; Whooping ges, peritonaeum, etc., Carcinoma, Sarcoma, etc., of.... Struck by railway train—accident; Revolver wound of "Anaemia" (merely symptomatic), "Atrophy," (name origin; "Cancer" is less definite; avoid use of The nature of the injury, as fracture of skull The contributory (secondary or intercur-"Uraemia," "Weakness," carbolic acid-probably Never report mere (Recommendations

